

To: Brenda Wood, Administrator
C/o City/County Alcohol and Drug Program
725 N. LaCrosse St.
Rapid City, SD 57701

From: Chris Qualm, Administrator
Office of Health Care Facilities Licensure and Certification
615 East 4th St.
Pierre, SD 57501-1700

Re: Compliance Survey conducted 6/9/16

By: Cindy Koopman Viergets, Senior Health Facilities Surveyor/Sanitarian
Department of Health, Health Care Facilities Licensure & Certification

Classification and Address: Alcohol and Drug Treatment Facility
*Life Enrichment Center
3505 Cambell
Rapid City, SD 57701
*City County Alcohol and Drug (City/County)
725 N LaCrosse
Rapid City, SD 57701

Survey Type: Environmental Sanitation, Safety, Fire Prevention, and Accessibility

Code Standards: Administrative Rules of South Dakota (ARSD) 46:05:12
National Fire Protection Association Code 101 "Life Safety Code"
(LSC) 2000 Edition, chapters 1-10 inclusive & chapter 33
Americans with Disabilities Act Accessibilities Guidelines (ADAAG)

Cc: Melanie Boetel, Department of Social Services
Division of Behavioral Health Services

Bed Capacity: 28 residents; census 22
60 residents; census 35 (City/County)

Introduction:

Please note there were no deficiencies related to the above state rules for the June 9, 2016 survey completed at the City/County Alcohol and Drug Program located at 725 N LaCrosse Street.

The following is a list of items that were found out of compliance with the above rules. Please provide a plan of correction, correction date, and quality assurance plan for the following noted deficiencies. We request that you provide this office with your plan of correction stating the completion date for the corrections, the corrective action you have taken, or the plan of correction that you intend to make. **The plan must be submitted to our office by August 1, 2015.** Please indicate staff position or titles, not personal names,

in your plan of correction if/when you identify what staff position will be responsible for corrections or monitoring compliance. Please sign the plan of correction prior to returning. In lieu of mailing, you may scan and email your copy to the following: Melanie.boetel@state.sd.us, Heidi.gravett@state.sd.us and derek.schiefelbein@state.sd.us.

If you have questions regarding the survey please do not hesitate to contact the Department of Health.

Life Safety Code 2000 – New Residential Board and Care Occupancies (Large):

1. The east self-closing metal door to the gym was held open with a wire cable and bolt snap hook.

Date of correction: 7/26/2016

Plan of correction: Buildings & Grounds Maintenance Tech removed wire cable and bolt snap hook. Verified by Tech Staff and reported to the Director.

2. The self-closing door to the clients' laundry room was held open with a wire cable and bolt snap hook.

Date of correction: 7/26/2016

Plan of correction: Buildings & Grounds Maintenance Tech removed wire cable and bolt snap hook. Verified by Tech Staff and reported to the Director.

3. The self-closing corridor doors to D1 and D2 women's dorms were held open with wire cables and bolt snap hooks. Neither door had latching mechanisms or striker plates to keep the doors latched.

Date of correction: 7/26/2016

Plan of correction: Buildings & Grounds Maintenance Tech removed wire cable and bolt snap hook. Verified by Tech Staff and reported to the Director. Absent latching mechanisms and striker plates will remain the same until transfer to new facility in the fall of 2017.

4. The self-closing door between the two upper adjoining levels for dorm D1 and D2 had no latching mechanism or striker plate. The door was only accessible from the D2 side.

Date of correction: 7/12/2016

Plan of correction: Absent latching mechanisms and striker plates will remain the same until transfer to new facility in the fall of 2017.

5. The top and bottom self-closing stairwell doors were held open with wire cables and bolt snap hooks. Neither door had latching mechanisms or striker plates to keep the doors latched. A label on those doors read: "Chief Industries. Labeled construction. Non-Tested Assembly."

Date of correction: 7/26/2016

Plan of correction: Buildings & Grounds Maintenance Tech removed wire cable and bolt snap hook. Verified by Tech Staff and reported to the Director. Absent latching mechanisms and striker plates will remain the same until transfer to new facility in the fall of 2017.

6. The self-closing door to the technicians' desk area was held open with a wire cable and bolt snap hook.

Date of correction: 7/26/2016

Plan of correction: Buildings & Grounds Maintenance Tech removed wire cable and bolt snap hook. Verified by Tech Staff and reported to the Director.

7. The west exit door at the end of the office areas by the tech desk had no exit sign. Exit signs were not installed at all exit doors or installed to designate a path of travel to the nearest exit.

Date of correction: 7/26/2016

Plan of correction: Building & Grounds Maintenance Tech installed exit sign in correct location to designate path of travel to the nearest exit. Verified by Staff Assistant IV and reported to the Director on 7/26/2016.

8. Ninety minute battery operated emergency lights were not located in the entire area.

Date of correction: 7/12/2016

Plan of correction: This facility has a back-up generator installed to power the necessary functioning elements of the building. The Building tech performs monthly load test and maintenance of the generator as a precaution to possible failure. We anticipate opening our new facility in fall of 2017.

9. The east exit doors that led to a detention facility appeared to be installed in a two hour fire wall. Those doors were labeled with exit signs but were locked with a bolt lock and accessible only by a key.

Date of correction: 7/12/2016

Plan of correction: The doors will remain the same. We anticipate transferring to our new facility in the fall of 2017.

10. None of the dorm room corridor doors in D1 and D2 had latching mechanisms or striker plates.

Date of correction: 7/12/2016

Plan of correction: Absent latching mechanisms and striker plates will remain the same until transfer to new facility in the fall of 2017.

Food Safety:

1. Clean linens were stored under the kitchenette sink drain line in dorm D2...

Date of correction: 7/12/2016

Plan of correction: Linens were removed by tech staff. Tech Staff will monitor weekly, Tech Supervisors will correct as necessary, train staff and report to the Facilities Operations Coordinator as needed.

2. The microwaves in dorms D1 and D2 were splattered with food debris.

Date of correction: 7/12/2016

Plan of correction: Microwaves were cleaned by clients as part of client detail. Area will be monitored by tech staff daily. Tech Staff will monitor weekly, Tech Supervisors will correct as necessary and train staff. Any issues will be reported to the Facilities Operations Coordinator as needed.

3. A food disinfectant was not available for kitchenette of dorm D1.

Date of correction: 7/12/2016

Plan of correction: Food disinfectant made available. Tech staff will monitor daily. Tech Supervisors will monitor monthly and report to the Facilities Operations Coordinator as needed.

Environmental:

1. Room four in dorm D2 had bubbled and peeling paint on the walls. No

Date of correction: 7/29/2016

Plan of correction: Staff Assistant IV coordinated with Building Tech III to coordinate repair of paint. Building Tech III will have Building Tech I coordinate with client and staff to remedy the paint breakdown. Completion date will be supplied to Staff Assistant IV by Building Tech III/I to update records, inform the Director and update the Plan of Correction

Accessibility Guidelines:

1. None of the bathrooms or showers met the ADAAG guidelines.

Date of correction: 7/12/2016

Plan of correction: Bathroom and shower structures will remain the same. We anticipate transferring to our new facility in the fall of 2017.

Agency Signature: Brenda Wood

Date: 07/29/16